compliance with Professional Standards Review Organizations (PSRO) legislation and the JCAH, we have done our best. As we labor most of us have become frustratingly aware that this system cannot work, will not work and is not in the best interest of patients. However, in the United States no matter how ridiculous a situation is, it is not acknowledged to be until the point is made in print. The Mayo Clinic, using bacterial cystitis as the model disease, could find "no improvement in patient care from strict adherence to the treatment ideals set forth by the audit committee."[2] If cookbook medicine doesn't work in the relatively uncomplicated situation of outpatient treatment of acute cystitis, how can anyone possibly believe that it is realistic to set up a cookbook pattern for the treatment of diabetic ketoacidosis complicated by heart failure and pneumonia? Can there really be a road map for the appropriate treatment of peptic ulcer complicated by thrombophlebitis? Even to imagine so, seems to me to be schizophrenic.

At Cornell, 15 audits over two years (at a cost of $71,821) were received by the medical staff with "almost total indifference." "It did nothing to alter the type or quality of medical behavior."

At last, we are documenting and publishing what almost all of us have felt intuitively for years. Utilization review is a monstrous mistake requiring the expenditure of hundreds of thousands of dollars and consuming the productivity of thousands of physician work hours for very minimal (if any) improvement in the efficiency of hospital utilization or in savings in hospital costs.

Medical audit has similarly shown what we also sensed: You cannot teach Michelangelo to paint by the numbers and hope to improve the quality of his painting.

Once again legislation has labored to produce an elephant and has brought forth not even a mouse—only a monumentally expensive squeak.

ARTHUR D. SILK, MD
Garden Grove, CA

REFERENCES

1. McSherry CK: Quality assurance—The cost of utilization review and the educational value of medical audit in a university hospital. Surgery 80:122-129, Jul 1976

2. Lindsay MI Jr, Hermans PE, Nobrega FT, et al: Quality-of-care assessment—I: Outpatient management of acute bacterial cystitis as the model. Mayo Clin Proc 51:307-312, May 1976

Correction: Anastomosis

TO THE EDITOR: I am discouraged that your excellent editorial policy overlooked the repeated misspelling of the word "anastomosis" on pages 384 to 387 of the November issue [Wolfe JD, Simmons DH: Hemoptysis: Diagnosis and management. West J Med 127:383-390, Nov 1977]. The article, otherwise, was an excellent review of the subject of hemoptysis.

The word is derived from the Greek words "ana" and "stoma," and literally when one joins two tubular structures together they are joined mouth to mouth. Excuse my nitpicking, but how can we get the house officers to spell correctly when the highly regarded journals don't? Or, maybe by the same token, it doesn't matter any more.

MAX J. TRUMMER, MD
San Diego

ED. NOTE: You are so right—and it *does* matter. Thanks.